

EXISTENTIAL THERAPY IN INTERCULTURAL WESTERN-THAI THERAPEUTIC RELATIONSHIPS

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Abstract: The purpose of this study was to identify specific challenges that Thai clients may experience in the psychotherapeutic process, and identify ways to overcome those barriers using existentialist therapy. Research questions were: 1. Is existential psychotherapy effective with Thai clients to assist them with mental health issues? 2. What challenges arise in the psychotherapeutic process when a Western therapist works with a Thai client, and what strategies can overcome those challenges? 3. How can the therapist help develop the Thai client's sense of self-awareness, so the client continues to examine their life on their own, ultimately leading to no longer needing professional therapy? The study was a qualitative, multiple-case, narrative inquiry conducted in Thailand with Thai participants and a U.S. researcher. Participants were three Thai female university students at a liberal arts university. Data collection consisted of recording individual participant psychotherapeutic sessions supplemented with therapist notes of those sessions. Analysis involved a search for categorical themes that united the therapeutic experiences of these individuals. The results of the case studies showed significant themes from the existential therapy in terms of the need to establish trust, work with the initial lack of knowledge about therapy, identify and deal with specific challenges facing Western therapists working with Thai clients, and reveal the depth of existential understanding. It was concluded that existential therapy is useful in assisting Thai clients gain greater holistic healing from traumatic experiences.

Keywords: Multicultural counseling, existential therapy, Western-Thai differences, therapeutic strategies, holistic healing, self-awareness, building trust

Introduction

Kareem (2000) has noted that when dealing with a patient in an intercultural context, it is vital to understand fully how the patient experiences his or her

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illness or problem. Such an understanding provides authenticity to the patient that otherwise may not be present (Kareem, 2000). A 2006 ethnographic study in Thailand addressed the perspectives Thais have on mental illness and mental health care (Burnard, Naiyapatana & Lloyd, 2006). This study included interviews with nurses, nurse educators, student nurses, a psychiatrist, lay people, and a Buddhist monk in order to understand how Thais perceived mental health. It noted that Thailand is a Buddhist nation and the culture is one that is distinctively Buddhist in nature. The ethnographic study also noted that Buddhism may no longer have as strong a hold on urban populations, and that traditional Buddhism's hold on Thai spiritual beliefs may be gradually changing to a less conservative belief structure. Nevertheless, Buddhism remains an integral part of everyday life and has a direct role on the response to mental health issues and the treatment of individuals with mental health problems (Kerr, 2012).

Psychotherapy is not widely used in Thailand in large part due to significant cultural and religious differences between Thai culture and Western culture. It is vital that any psychotherapeutic process in Thailand consider the religious and cultural issues involved in order to provide effective care to Thai patients. This requires making adaptations to modify how the therapeutic process is handled. For example, since more than 90% of Thais claim their religion as Buddhism, taking a Buddhist-compatible approach is important. Phoenix (2014) noted that a Buddhist faith-based mental health support group might be organized differently than a Western traditional group. In the group described by Phoenix, the group was run by an advanced practice psychiatric nurse and focused on psychoeducation, peer support, and faith encouragement. The themes the group explored in their sessions included finding value in the illness experience, understanding the differences between treatment and Buddhist practices as different mechanisms for improving mental health, and finding a way to experience and deepen personal joy despite the suffering from their mental health issues (Phoenix, 2014).

Another key intercultural difference is that of holistic versus independent thinking. Cultural psychologists have found remarkable variation in cognition across cultures, with Asian cultures tending to exhibit a more holistic cognitive style and Western cultures a more analytic style (Fiske et al., 1998; Masuda & Nisbett, 2001; Nisbett & Masuda, 2003; Nisbett et al., 2001). In essence, a holistic cognitive style emphasizes a broad attention to context and relationships, while an analytic cognitive style concentrates on individual parts independent of the context in which they are embedded.

Western problem solvers tend to think analytically, while Asians tend to think holistically (LeClair, 2017).

“Western societies tend to be more independent and more analytic, whereas East Asian societies tend to be more interdependent and holistic” (Varnum et al., 2010, p. 10). Asian norms are closely related to a more holistic view overall (Fiske et al., 1998; Masuda & Nisbett, 2001; Nisbett & Masuda, 2003; Nisbett et al., 2001). Westerners often show a narrower, more context-independent analytic processing style, while East Asians show a broader, more context-dependent holistic style (Nisbett et al., 2001). LeClaire (2017) also found that the rank of the speaker affected accuracy differently across cultural groups, with Asians paying more attention to high status speakers.

It is important to note that Asians see themselves as part of a larger whole and they accept existing hierarchy. It is imperative they “fit in,” as numerous studies on the business culture of 21st century organizations have determined through evidence-based research and analysis (Nisbett, 2004). Westerners consciously want to look good and strive to be unique or different. Easterners believe in social harmony; Westerners want social equality. Easterners do not like contradiction or disagreement while Westerners create and live with those things. Westerners do not like to compromise “the truth,” but Easterners always search for a “middle way” to resolve controversy. Westerners are very often the “individualists” while Easterners are conformists (Hofstede & Hofstede, 2005, Chapter 3).

Barriers Faced by Thais in Approaching Therapy. Mental illness often has cultural variations, and this is true of Thai patients as with other cultures. Historically, Thais have believed that mental illness is caused by spirits and ghosts; these beliefs derive from both Buddhist and animistic belief structures, and such beliefs are still common not only among the general Thai population but also among nurses and other medical caregivers (Burnard et al., 2006). This is demonstrated via indirect communication in which the Thai may first deny belief in such ghosts and spirits, then acknowledge that they do believe such spirits cause mental disorders (Burnard et al., 2006). Such a belief system can contribute to Thai patients believing that no therapy can remove or mitigate mental illness, and thus prove a significant barrier to seeking out professional help. These beliefs, however, may no longer persist in younger urban Thais (Burnard et al., 2006).

Another cultural issue that may generate barriers to Thais seeking mental health care includes the cultural need to maintain emotional distance and neutrality in which the individual’s experiences derive from their position in

society, status, wealth, rank, power, or prestige (Burnard & Naiyapatana, 2004). Such relative rankings may also affect the Thai individual's perceptions of their existential angst to the point that they decide they should or should not seek assistance for their inner pain. "The depth of existential ideas is shown in what is called the existential neurosis. This refers to the condition of the person who feels life is meaningless" (May, 1967, p. 34). For many people, this existential approach to the main issues of personal psychology may improve their mental health concerns. However, these ideas have not necessarily extended into Eastern cultures and may still be unfamiliar to Thai clients who seek psychological treatment.

Summary of Western and Thai Differences. The above differences between Western and Thai approaches were summarized by Klausner:

As one gingerly travels the Thai social and cultural labyrinth, the paths chosen are curved, indirect, and circular. One avoids confrontation; one shuns direct challenge; one evades visible expressions of anger, hatred, displeasure, annoyance. Conflicts are resolved through compromise. Emotional detachment and equilibrium is valued. One must not become too involved, engaged, attached. And yet, one has obligations and duties. Emotional neutrality and distance must accommodate to the reality of "social place," one's position on the ladder of status, seniority, wealth, rank, power, and prestige. One must accord proper deference, respect, and diffidence towards those in more exalted positions whether it be a parent, teacher, patron, business or civil service superior. One evidences ritual forms of respect through linguistic labeling and language (Klausner, 1993, quoted in Burnard & Naiyapatana, 2004, p. 759).

The briefest consideration of Klausner's assessment of Thai culture makes clear that a substantial cultural divide exists between Western and Thai cultures. It is obvious that there need to be ways to address this cultural gap in therapeutic situations. Despite cultural differences, all humans wrestle with the same existential questions about the human condition. How do we deal with the problem of death? What is the meaning of life? Are we truly alone? These questions permeate all cultures and creeds. In Thailand, clients have demonstrated their unique complexities and ways of understanding that seem unfamiliar to the Western mind. In significant ways, they approach the task of delving into psychological processes of the human mind from a different perspective.

Despite these differences, Thais genuinely engage in the therapeutic process. While Western-Thai cultural differences are indeed barriers, they can be crossed by appealing to the existential truths that unite the human experience. Questions of purpose, mortality, and isolation call across intercultural barriers in any kind of therapy. By learning to cut through these barriers with the aid of existential realities, we have a unique opportunity to improve our therapeutic abilities with Asian clientele significantly. Along the way, these psychological experiences also have an important role in demonstrating the genuine value of the therapeutic process to the whole of Southeast Asia.

Existential Psychotherapy. The primary tenet of existential psychotherapy is defined as a dynamic therapeutic approach that focuses on concerns rooted in existence. Basic anxieties emerge from a person's endeavors, both conscious and unconscious, to cope with the harsh facts of life: the "givens of existence" (Yalom, 1980). These can be broken down into four ultimate concerns: death, isolation, meaninglessness, and freedom. In existential psychotherapy, the counselor also will include an extensive focus on the relationship. Therapy should not be theory-driven, but rather focuses on a relationship-driven approach to client's major issues. A heightened sensibility to existential issues deeply influences the nature of the relationship between therapist and client in every conversation.

Existential psychology "can be readily adapted to individual and cultural differences as well as integrating other approaches to therapy, such as cognitive behavioral therapy and psychoanalytic psychotherapy" (Hoffman et al., 2015, p. 3). Existential psychotherapy has a wide range of versatility that may fit comfortably within the therapeutic setting. It is culturally diverse, which is not always the case with many psychological processes. In recent years, the importance of improving these areas of cultural diversity in the psychology profession seems to be drifting away from the original intentions of existential psychoanalysts—in particular, the theoretical research areas provided by its founders, Rollo May, Victor Frankl, and Irvin D. Yalom—into a more general focus on cultural studies. Even so, "existential therapy always sees the patient in the center of his or her own culture" (May, 1967, p. 34). Thus, it is a more holistic approach that can be fully incorporated into the Asian client's point of view.

Many of the usual psychotherapy strategies for achieving psychological health and well-being are decidedly Western in spirit and practice. For this reason, it seems especially notable that existential psychology provides a more flexible approach, one that more closely models Thai viewpoints with only a few minor adjustments needed to address barriers that Thai clients

encounter in their psychotherapeutic experiences. Existential psychotherapeutic experience is an opportunity to transcend the barriers to communication with Thai clients. Thus, it is important to establish a meaningful relationship that includes a high level of positive support from the therapist, who may not always understand the cultural background initially. This understanding takes time and patience, as well as a close analytical view that can be more effective when there are holistic approaches.

Defining the Therapeutic Relationship in Existential Therapy. In terms of the therapeutic relationship, most existential therapists rate the relationship values of warmth, empathy, and authenticity extremely high on the therapeutic interventions commonly used (Hoffman et al., 2015, p. 7). However, these experiences do not develop easily or without effort. Early establishment of guidelines that describe common experiences between therapist and patient is important, particularly with a Thai participant who may not have knowledge or experience with the therapeutic process. Such a discussion promotes a positive atmosphere between the client and the psychologist, which has an important role for moving forward with discussions about some of the most personal, deeply emotional topics of concern. Hence, the importance of understanding a person's cultural background, the influences of early educational experiences, and the way family patterns learned over the years all have meaning for becoming more psychologically healthy and balanced. Perhaps the most important aspect in establishing a therapist-patient relationship is to understand there are many variations in how people from different cultures view themselves and others (Kim, Sherman & Taylor, 2008).

This therapeutic approach is deeply rooted in humanistic psychology. There is a more positive emphasis on focusing on wellness and the opportunity to grow as a person. "To accomplish this, therapists develop a strong therapeutic alliance, create a safe environment for the clients to enter their emotions, and encourage clients to move into their emotions at a safe pace" (Hoffman et al., 2015, p. 11). Existential psychotherapy thus has a strong basis in a holistic perspective, addressing the whole person rather than the separate aspects of personality that are so closely associated with traditional psychoanalytic techniques.

This research attempts to transcend barriers in the therapeutic process with Thai clients based on the processes from existential psychology. The specific research questions were: 1) Is existential psychotherapy effective with Thai clients to assist them with mental health issues? 2) What challenges arise in the psychotherapeutic process when a Western therapist works with a Thai

client, and what strategies can overcome those challenges? 3) How can the therapist develop the Thai client's sense of self-awareness, so the client continues to examine their life on their own, ultimately leading to no further need for professional therapy?

The purpose of the study was to identify some of the specific challenges that Thai clients experience in the psychotherapeutic process, as well as finding ways to overcome those barriers using an existentialist approach. Specifically, this research examined the experiences of three female Thai clients within a university setting. It explored their guided process through the therapeutic experience, while specifically highlighting the cultural and psychological barriers each client endured. While each client stands as a unique individual, her personal needs and wants can be filtered through existential psychology to reveal a pathway to a fulfilling and ultimately helpful therapeutic experience. The goal then was to set a foundation for understanding what the Thai therapeutic process is like when guided by a Western therapist. Thus, this study required a comprehensive look at the therapeutic process to serve as a foundation for further and future research to come. While the issues may be directly related to the cultural framework described, it is only by learning about the unmet needs of the individual that a more helpful approach to cultural differences can be addressed effectively.

A clear gap exists between Western and Thai cultural perceptions and attitudes. These cultural differences raise the question of whether Western approaches to therapy are relevant or effective with Thai clients. The very premises on which Western therapies stand may have limited effectiveness in a Thai cultural context. A Thai perception is that, "if life is complex and subject to changes of fortune without notice, it may not matter where the ball is; life is simply not easily controlled" (Nisbett, 2004, p. 98). According to these perceptions, it would be expected that Thais would approach challenging situations with a sense of acceptance. Rather than attempting to control the situation, norms in the Thai culture suggest that they learn to adjust and accept rather than change their situation. It is thus possible that taking an existential approach to therapy, which takes a relationship-driven, holistic approach that focuses on concerns rooted in existence could suit Thai clientele. Existential therapy has a malleability that allows the client to be seen in the context of their culture and focuses on the dynamic that occurs between the therapist and the client. It allows for open dialogue without the restraints of exercises or formalized questions. The holistic nature of therapy may have greater benefit than more traditional Western approaches (Yalom, 2002, p. xvi). Furthermore, existential therapy is built around the therapeutic relationship and universal concerns rooted in existence shared by all

humanity. Being relationship-driven and not theory-driven should allow for cultural gaps to dissipate because of the bond between client and therapist.

Method

Design. The design used for this study was that of a qualitative, multiple-case, narrative inquiry study. It was conducted in Thailand with Thai participants and a U.S. researcher. This study design was chosen because it has significant advantages in a cross-cultural context of this study.

Participants. The participants in this study were a convenience sample of three young adult university students at an international liberal arts university in Thailand. The individuals selected for this process represented an eclectic, but cohesive group of young Thai women drawn from the student population. The principal reason that these three clients were chosen out of the pool of counseling clients was that all three had been exposed to a traumatic experience, and that all three were in definite need of therapy. Furthermore, they represented varying degrees of exposure to Western culture and life outside of Thailand.

Data Collection. The data collection consisted of recording the participant psychotherapeutic sessions, combined with reviewing therapist notes from each session. The data was assembled from raw recordings of therapeutic sessions and transformed into transcripts of the sessions. Using some of the main tenets established by May (1967; 1981) and Yalom (1980; 2010), the sessions focused on the experiential moments that clients viewed as most significant in their lives. Two of the most important factors for the successful application of existentialist therapy in a psychotherapeutic context were taking a holistic perspective and displaying sensitivity to the client.

Each session was recorded via iPhone recorder and later transcribed. These recordings and transcriptions were assembled until the therapeutic process came to a close. The sessions were entirely unstructured; there were no formalized questions. The intention of this format was to facilitate a naturally flowing conversation that could be directed anywhere a participant wished to take their personal narrative. This creative freedom allowed both the therapist and client to present a more authentic picture of therapy, free of the constraints of formality.

Data Analysis. Transcripts of the therapy sessions were encoded for concepts and themes. The stories found within the framework of the narrative inquiry had a significant role for understanding many of the cultural barriers that need

to be crossed with Thai clients in psychoanalytic settings. These issues are especially significant with Thai clients, who perceive the main challenges of psychology from a unique cultural perspective. The analytic process involved a search for categorical themes that unite the therapeutic experience of these individuals. This qualitative analysis used a qualitative analysis software package, NVivo 12. That software provided support for encoding concepts and themes, offered tools to analyze the degree of similarity and dissimilarity between the three cases, and offered a useful set of tools to visualize how the concepts and themes crossed the three cases.

Once the themes were identified in the transcripts, therapist notes provided context. These themes were embodied within certain therapeutic moments that embody a psychological moment of insight. This was represented by breakthrough moments in therapy, or moments of subtle psychological communication. These moments have been selected for their commonality in therapy, as well as their therapeutic significance. The resulting themes have been presented via narrative inquiry. This analysis method allows for a data presentation that offers accessibility above all else. This presented an authentic look at the therapeutic experience in Thailand through a narrative that conveyed a story that evokes both humanity and reality through carefully re-constructed moments.

The analysis primarily focused on recurring themes found within the three narratives. This approach brought forward the most outstanding features of the Thai clients' fondest memories or their unhappiest ones. The transcripts highlighted the therapist as a listener, emphasizing the interaction between the researcher and the participant, conveying the conversations that emerged through the therapy sessions as they moved through time. In analyzing the clients' stories, the researcher took an active role and "re-storied" the sessions into a framework that made sense. During the process of re-storying, the researcher provided a causal link among ideas in the framework of the research hypotheses.

Ethical Considerations. All participants in this study were fully informed of the nature and goals of this study and signed consent forms. The individuals each gave consent to this process at two significant points: before and after the therapy was conducted. Each individual had reserved the right to revoke consent at any time. Steps were taken to ensure that no adverse consequences took place—in particular, the therapy would not be in any way compromised—should the participant choose to discontinue participation in the study. For debriefing purposes, the participants in the study received a copy of their transcribed and collected narratives with the opportunity to

correct errors. In addition, on request, the participants can receive a copy of the final report of this study if they desire. The participating individuals had arbitrary non-Thai aliases assigned to preserve their anonymity, and were called Anna, Barbi, and Carrie in this report.

Results

The Participants' Specific Situations. This section provides basic background information about the three participants with respect to their individual issues and their reasons for seeking therapy. These issues caused each of them great personal distress.

Anna's Situation. Anna was initially a student in the first author's psychology class at the university. Anna had completed the class prior to her request for therapy. She was very soft-spoken, and offered little in the way of class participation. Towards the end of the semester, however, she approached the first author and asked for a private appointment. As the therapy progressed, several key aspects of Anna's situation became apparent. She had a modest amount of prior exposure to Western culture, having spent an academic year in Britain during high school in a student exchange program. Her family in Thailand was very traditional, but her sponsor family in Britain was warm and more welcoming. Her time in Britain was remembered as a joyous experience. Anna has artistic talent and her host family praised her drawings and artistic endeavors and encouraged her to develop her talent. Her key issue was an inability to trust as a result of dealing with a rape that occurred at age 17, where no one appeared to believe or support her.

Barbi's Situation. Barbi came from a traditional Thai family and had lived with them in Chang Mai before coming to the university. Extremely beautiful and very popular, she was rumored to use illicit drugs. She was the ultimate party girl, having fun with little attention to details. Barbi's background was traditional Thai. She had never lived outside of Thailand, and until attending university, had little direct experience with Western culture. Her family was more traditional, meaning they put a great deal of importance on image and proper conduct. She spontaneously appeared at the first author's office on campus and asked for a conversation. Her key issue was an unplanned pregnancy that, if carried to term, would result in her total rejection from her family and the loss of her friends and her party lifestyle.

Carrie's Situation. Carrie was almost the exact opposite of Barbi. She was highly Westernized, having lived several years in Sweden with her grandmother between the ages of 11 and 16 years. Carrie's early childhood

was spent in bars where her mother worked. At the age of 16, she moved back to Thailand to live with her mother and stepfather. She revered her stepfather as her true father, and knew virtually nothing about her biological father. She had numerous tattoos and piercings and was known to be sexually open. Her relationships were with both males and females, but Carrie did not seem to invest much emotion in any of them. She also was an illicit drug user—she would rarely turn down any experience. Intelligent and direct, Carrie's key issue was the death of a friend she truly loved.

Themes Identified in the Therapy Process. Five key themes were identified in the therapy process. Table 1 shows the specific themes identified in the transcripts of the existential therapeutic sessions for each of the three participants. The themes were trust, family issues, the perception of therapy and the role of the therapist, personal crisis, and reflection and insight.

These key themes repeated in all three case studies. The first theme was the importance of spending time and effort to develop a strong, trusting relationship between the therapist and client. Repeatedly, issues of trust and trustworthiness arose, particularly at the beginning of the therapy process. Sometimes, as with Anna, the issue of trust was approached indirectly and even apologetically. In Barbi, the issue of trust was overt and explicit: "...you can't tell anybody about what I tell you. That it only stays between you and me and you're not allowed to tell anyone else. Is that true?" With Carrie, the issue of trust came in a quid-pro-quo mechanism: "You tell me your issues and I'll tell you mine," a process in which the therapist modeled open, honest, and objective reporting of personal failings as a way of demonstrating the kinds of issues and discussions that were safe in a therapeutic situation. Whichever way the clients approached dealing with trust, it was the first and foremost issue discussed in all three therapeutic sessions.

Another common theme was the clients' lack of understanding of what therapy meant. Anna needed to understand how therapy was supposed to work; Barbi believed the therapist could provide a solution to an important and difficult problem; Carrie simply wanted someone who she could safely express the emotions boiling inside her. All three required the therapist to model the therapeutic process to them. Anna wanted the therapist to answer a hypothetical question that might place a client in disagreement with the therapist; this was particularly relevant for Anna because of her self-doubt and deferral to those she perceived as having greater authority. Barbi needed guidance along a therapeutic path to reflect on her situation and relationships with others. Carrie needed to have therapy modeled by asking the therapist to illustrate the types of personal revelations and changes that therapy could

generate. Thais in general have little cultural experience with therapy and thus tend to perceive therapy as being more like going to a medical doctor, where a patient would reveal a problem and receive a diagnosis and a treatment.

Another issue was the use of existential therapy as an effective technique to elicit discussions of complex emotional situations. Existential therapy includes a process of allowing clients to speak their stories in their own way by iteratively revisiting the story over multiple sessions, each time eliciting greater depth and more complex emotions. Each of the clients iteratively revisited their individual personal crises, a process that ultimately led them to important existential revelations and taught them a process of self-reflection that they could use moving forward.

While differences existed in the approach taken by the three clients, the degree of previous exposure to Western culture did not significantly change their need to be educated in therapy and their need to develop strong trust in the therapeutic process. What differed among them was the directness of their approach to therapy. Barbi, with no Western culture experience and Carrie with the most Western experience were equally candid about their personal crises. Anna was the least candid, blaming herself and her actions for the difficulties she faced.

Discussion

The case studies demonstrated a number of existential therapeutic approaches that led to the success of the therapy for each client. The process was one of first establishing a strong, trusting relationship. That was accomplished in different ways: assuring the clients of the confidentiality of the therapeutic sessions, providing therapist modeling of the therapy process, using therapist self-disclosure to assure clients that the therapist was an equal explorer into the realm of human experience. The effectiveness of the existential approach demonstrates support for the results from Smith and Sparks (2009), who noted that it is the human interpretation of events that gives them meaning. As the details of each client's experiences were slowly revealed over multiple sessions, their narrative story lines gradually became clearer and more coherent, in accord with prior research by Waters and Fivush (2015). All three Thai clients in a short period were able to question their existence and self-identity with a deeper sense of self-awareness. This increase in client self-reflection and self-insight supports the idea that existential therapy is an effective therapy for Thai clients.

Challenges Faced by a Western Therapist with a Thai Client. Family influences and “face” are both far stronger in Asian cultures such as Thailand

than they are in most Western cultures. In addition, it was important in all three cases to establish both a strong trusting relationship, but also to educate the clients on what the therapeutic experience is really like. There was a tendency for all three to misjudge the therapeutic process, either by using it to ask for an authoritarian answer to a problem or to misunderstand how the therapeutic process worked. Hoffman et al. (2015) noted the importance of establishing that empathetic, trusting relationship in existential therapy, and Kim, Sherman and Taylor (2008) pointed out the issues that could arise when there existed a culture gap between therapist and client. These issues were all demonstrated in the three case studies presented here, along with the specific techniques used to overcome those issues.

Cognitive differences in the Thai clients were also evidenced in this study. While in general Thai culture, Buddhism, and animism should play an important role in the lives and belief structures of Thai individuals, the three participants in this study exhibited few overt signs of Buddhism and animism. One exception was that of Anna, who consistently expressed opinions that she was fated, or something was her own fault, rather than something that reflected a mental condition that needed treatment. In addition, the Thai attention to family relationships was fully evidenced by all three clients in this study, a finding consistent with Nisbett and Myamoto (2005). All three clients ultimately provided rich detail and context of the crucial events and focused intensely on how those events affected their relationships with others. In particular, the focus of all three participants was on how their life events might be perceived by those of higher rank (i.e., parents, family members, other members of their social groups, etc.), which was consistent with Morris and Peng's (1994) results.

Developing a Thai Client's Self-Awareness. These three case studies demonstrate the effectiveness of using existential therapy analyzed through narrative inquiry as a means of assisting Thai clients to delve into their deepest issues. The three clients presented here ultimately became skilled at asking themselves the existential questions and reflecting on the answers. Further, the clients also demonstrated their new skill at being able to apply similar lessons to their observations of others in their world, and thus better understand the social dynamics of those around them. The use of these techniques provided each client with deeper insight and better skills at determining who they are as individuals, so they could overcome the suffering they had lived with. Hoffman (2015) noted that existential approaches to psychotherapy were holistic rather than behavioral, and thus addressed the whole person rather than specific aspects of each client. The existential therapy approach for Thai clients was a good fit. Taking an

existential therapy approach was something that worked well in all three cases. That holistic aspect was critical to enable the three clients to achieve the breakthroughs and self-understanding that they did.

Critical to the existential therapy process is the concept of the here-and-now. As clients constructed narratives of their past experiences that had significant impacts on their lives, it was typical that they began to re-experience the struggles and emotional moments of those past events. While that recollection and relived experience was useful in some ways, it was also easy for the client to become ensnared by that past experience. Thus, the therapist, sensing such a lost-in-the-past moment, needed to recall the client to the present—the here-and now—so the clients recognized that the difficult events of the past were precisely that—in the past. Such a calling back to the here-and-now gave clients an opportunity to view those past events with greater distance and thus gain some perspective on the events and how those events have shaped their lives. It also allows the client to directly experience feelings they are experiencing in the session with the therapist. Therefore, it also serves to strengthen the therapeutic relationship. This was most typically done by asking the client what they were feeling *at that moment*, not what they felt during the past events shaping the client's narrative. Such a recall to the present moment was found effective to break through heavy negative events and increase the therapeutic bond shared between client and therapist.

Limitations. The key limitation of this study is that it includes only three case studies and all were young Thai women attending an international university in Thailand. The generalizability of this small group to other types of Thai clients and Western therapists is thus uncertain. While the three individuals in this study have quite different therapeutic goals and needs, the lack of a broader, more population-representative sample may limit the determination of whether the existentialist therapy approach is appropriate in a broader context. The particular psychological challenges facing the clients in the case studies presented here may not be representative of those faced by most Thai people. The clients have varying degrees of experience with non-Thai cultures and fluency with English. Two participants have an unusual amount of exposure to Western culture. The fact that they have studied abroad also illustrates the higher social status of the family. That perceived higher social status also may dictate the student's behavior and define expectations.

Conclusion. For trained therapists who choose to make use of existential therapy, these case studies demonstrate that with care, patience, and skill, existential therapy can work effectively, even in situations where there exists a significant cultural distance between the therapist and the client. What is

novel about this study is the application of existential therapy with Thai clients in Thailand, with a Western therapist who is attempting to cross cultural boundaries to provide excellent care for clients of a different cultural background. Existential therapy was successful at eliciting deep and complex emotional responses, and it provided the clients with the ability to self-reflect and develop personal insights about issues in their lives. All three clients demonstrated significantly greater ability at the end to conduct such self-reflection even outside the therapeutic environment. With that said, effective use of existential therapy requires skill and careful observation of the client, to determine when it is appropriate to push the client into further revelations and when it was appropriate to hold back or to bring the client back to the here-and-now. Existential therapy holds the advantage of providing a holistic approach, but it is not a quick fix. It can take many sessions with a client before the client's narrative is sufficiently related to enable the client to achieve profound self-revelation and awareness. The techniques used in these cases most likely have relevance to other Asian clients. While only Thai clients were included, many of the same or similar cognitive and cultural differences likely exist between other Asian clients and Western therapists, making this study a useful guide for how to effectively conduct such cross-cultural therapy.

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Table 1. *Five Key Themes Identified in the Existential Therapy Process*

<i>Themes</i>	<i>Annie</i>	<i>Barbi</i>	<i>Carrie</i>
Family Issues	Annie's self-doubt directly derived from her relationship with her mother. There were days when her mother lavished approval, followed by days of screaming about how she should drop out of college. Anna had spent a year in high school with a host family in Britain, and her life there contrasted sharply with her family life in Thailand.	Her key issue was an unplanned pregnancy that, if carried to term, would result in her total rejection from her family and the loss of her friends and her party lifestyle.	Carrie's mother identified Carrie as a fatal mistake. It was common for Carrie's mother to say things such as, "If I didn't have you, I could have been something more," or, "You're the reason my life is so miserable." Carrie's key issues had to do with relationships, particularly with women that stemmed from her dysfunction relationship with her Mother.
Trust in Therapy and the Therapist	Anna would not reveal details about her life until she trusted the therapist. Initial attempts of trust were evoked using humor and sarcasm. She first saw the therapist as an authority figure who would tell her what to do. Two tactics helped move	An important issue for Barbi was her ability to trust that the therapist could not speak with anyone else about whatever she discussed. She was concerned with secrecy, privacy, and her ability to trust the therapist. Barbi considered the	The concept of people coming to a therapist and revealing their innermost secrets astounded Carrie. "People actually come here and do that?" Before Carrie would trust a therapist with her personal details, she needed to know if therapy

<i>Themes</i>	<i>Annie</i>	<i>Barbi</i>	<i>Carrie</i>
	Anna past this perspective: the careful use of self-deprecating humor to bring us on the same level, and the use of self-revelation.	therapist an authority figure.	worked and effectively changed lives.
Perception of Therapy	Anna became familiar enough with how existential therapy operates to apply reflections and insights to her situation.	She felt initially that she could bring a problem to a therapist and get an answer for how to solve her problem. When asked what she thought about having a baby, Barbi's response was very direct: "Oh there is no way in hell I can have this baby. I have to get rid of it...So I was wondering if you knew of any places that might do this kind of thing?" She had weighed out the consequences in her mind, and clearly chosen her path. She had not come for therapy, she came for an abortion referral.	Carrie needed me to demonstrate that I deserved her trust. To that end, she asked if the therapist had ever undergone therapy himself and, if so, what did that reveal? The discussion of the therapist's life not only demonstrated that therapy could alter lives in a good way, but also modeled how
Personal Crisis	Anna revealed that at the age of 16 she was raped	An essential part of Barbi's problem was the	She confessed that relationships are a torment for

<i>Themes</i>	<i>Annie</i>	<i>Barbi</i>	<i>Carrie</i>
	<p>by a trusted adult, her 22-year-old boyfriend. The response of family and friends to this trauma was far from supportive. When Anna told her Mother about the rape, she ended up blaming and shaming her for the experience. The response reinforced several issues for Anna: her self-doubt, her negative familial relationships, and her conviction that she could not trust anyone.</p>	<p>probable reaction of her family if they discovered her pregnancy. A child out of wedlock is nearly universally looked down upon. If her father found out, she believed he would never speak to her again. There was conflict of identity within her. There was the girl everyone loved, and now there was the girl who was completely alone.</p>	<p>her, without authentic value, and perhaps socially dangerous. Carrie went on to admit that she had finally found someone, a girl named Hope who was “probably the only one worth keeping in this whole country.” The relationship with Hope was the crux of her problems. Hope had died in a tragic accident, and Carrie felt responsible. “I have nobody. All I had was Hope; she was the only one that really knew me. I can’t tell my parents...So I just keep it all inside. Every ounce of it. And it is killing me. I’m desperate. ... That’s why I’m here, [Therapy is] the last resort.”</p>
Reflection and Revelation	<p>Anna demonstrated her inner courage by</p>	<p>Barbi was scared of how the world would judge her</p>	<p>She agreed to return to explore why she felt</p>

<i>Themes</i>	<i>Annie</i>	<i>Barbi</i>	<i>Carrie</i>
	<p>being willing to face down her panic and fear. She developed a greater understanding of the sympathy a friend she told about the rape showed her. She in turn has a better understand of who she is and her true abilities and talents.</p>	<p>outside of the role she'd grown comfortable playing. "You make me question myself...I feel like you see me...you see the real me, without the happy-go-lucky and beyond the laughs. It scares me. Because I have no idea who I am, and that is scary when someone else sees it."</p>	<p>herself to be a destructive force. In the depth of this tragedy, there were lessons to be learned. What was it like for her to delve into these depths of emotion? "I think it helps. I feel a bit lighter. Maybe I needed to cry. I needed to get it out." The death of Joy was tragic, but a loss that she will struggle to manage.</p>